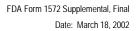


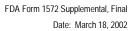


SUPPLEMENTAL INVESTIGATOR DATA FORM						Date (MM/DD/YYYY):				
Sections 1 – 11: REQUIRED INFO	ORM	ATION (coll	lected for a	ll investiga	itors participating in NCI-sponso	ored clinic	cal trials)			
Investigator Name (Last, First, Middle, Suffix):					2. Degree(s):	3. NCI Investigator No.:				
4. Date of Birth (MM/YYYY):		5. Provider N	lo. (UPIN):		6. Are you currently licensed to practice	medicine?		☐ YES	□NO	
7. Primary Specialty Practice(s):	•	rd Eligible:	Board C		Obstabiles and Compagalanu	Board El	-	Board Ce		
Anatomic and/or Clinical Pathology		YES NO	YES		Obstetrics and Gynecology			YES	□ NO	
Clinical Genetics			YES		Orthopedic Surgery	YES		YES	□ NO	
Colon and Rectal Surgery		YES NO	YES		Otolaryngology	YES		YES	□ NO	
Dermatology		YES NO	YES		Pediatric Hematology-Oncology	YES		YES	□ NO	
Diagnostic Radiology	_	YES NO	YES		Pediatrics	YES		YES	□ NO	
Family Practice		YES NO	YES		Psychiatry	YES		YES	□ NO	
Gastroenterology	⊔`	YES NO	☐ YES	□NO	Public Health and General Preventative Medicine	YES	□NO	☐ YES	□NO	
Gynecological Oncology	□ `	YES NO	☐ YES	□NO	Radiation Oncology	☐ YES	□NO	☐ YES	□NO	
Hematology		YES NO	☐ YES	□NO	Surgery	☐ YES	□NO	☐ YES	□NO	
Internal Medicine	□′	YES NO	☐ YES	□NO	Surgical Oncology	☐ YES	□NO	☐ YES	□NO	
Medical Oncology	□ '	YES NO	☐ YES	□NO	Thoracic Surgery	☐ YES	□NO	☐ YES	□NO	
Neurological Surgery	□ '	YES NO	☐ YES	□NO	Urology	☐ YES	□NO	☐ YES	□NO	
Neurology	□ '	YES NO	☐ YES	□NO	Other	☐ YES	□NO	☐ YES	□NO	
8. Have you received training in:		Con	npletion of	this trainin	g is mandatory for all NCI-regist	ered inve	stigators.			
"Protection of Human Research Subjects"?			☐ YES	□ NO	DATE COMPLETED (MM/YYYY):	_ /				
In section 9 – 11, use this side to either enter new information or view current information.					In sections 9 – 11, use this side to make changes to current information only.					
Office Address: The office address will be	e use	d for receipt of	all official corre	espondence.						
Institution:					Institution:					
Internal Office:					Internal Office:					
Street Address:					Street Address:					
Street Address:					Street Address:					
City:					City:					
State/Province:					State/Province:					
Zip/Postal Code:					Zip/Postal Code:					
Country:					Country:					
Office Phone No.:					Office Phone No.:					
Office FAX No.:					Office FAX No.:					
Office E-mail Address:					Office E-mail Address:					





10. Primary Shipping Address: The primary shipping address will be used for receipt of all CT	EP-supplied investigational agents.					
Institution:	Institution:					
Internal Office:	Internal Office:					
Street Address:	Street Address:					
Street Address:	Street Address:					
City:	City:					
State/Province:	State/Province:					
Zip/Postal Code:	Zip/Postal Code:					
Country:	Country:					
Shipping Designee: Provide name of shipping designee (preferably a pharmacist) appro	oved to order and receive CTEP-supplied investigational agents.					
Shipping Designee Name:	Shipping Designee Name:					
Shipping Designee Phone No.:	Shipping Designee Phone No.:					
Shipping Designee FAX No.:	Shipping Designee FAX No.:					
Shipping Designee E-mail Address:	Shipping Designee E-mail Address:					
NCI USE ONLY: ☐ PSD ☐ SD ☐ IA						
Ordering Designee(s): Provide name(s) of ordering designee(s) approved to order CTEP-CTEP-supplied investigational agent must be signed by either the investigator, the auth An ordering designee must use the primary shipping address (from item #10). A. Ordering Designee Name:						
Ordering Designee Phone No.:	Ordering Designee Phone No.:					
Ordering Designee Fax No.:	Ordering Designee Fax No.:					
Ordering Designee E-mail Address:	Ordering Designee E-mail Address:					
Ordering Designed E-mail Address.	Oldering Designed Landin Address.					
B. Ordering Designee Name:	B. Ordering Designee Name:					
Ordering Designee Phone No.:	Ordering Designee Name. Ordering Designee Phone No.:					
Ordering Designee From No.:	Ordering Designee Friote No.: Ordering Designee Fax No.:					
Ordering Designee Fax No Ordering Designee E-mail Address:	Ordering Designee Fax No Ordering Designee E-mail Address:					
Ordering Designee L-mail Address.	Ordering Designee L-mail Address.					
C. Ordering Designee Name:	C. Ordering Designee Name:					
Ordering Designee Phone No.:	Ordering Designee Phone No.:					
Ordering Designee Fax No.:	Ordering Designee Fax No.:					
Ordering Designee F-mail Address:	Ordering Designee Fax No Ordering Designee E-mail Address:					
Ordering Designed E-mail Address.	Oldering Designed Landin Address.					
Please be sure you have also included: 1. Completed FDA Form 1572 with original signature. 2. Current Curriculum Vitae (CV). 3. Completed Financial Disclosure Form with original signature.						
I certify that the information on this "Supplemental Investigator Data Form" is true and correct to the best of my knowledge.						
Investigator:	Date:					
(Signature)	Date.					





Section	INSTRUCTIONS FOR COMPLETING THE "SUPPLEMENTAL INVESTIGATOR DATA FORM"
1.	Investigator Name: Provide legal last name, first name, middle initial or name, and suffix (if applicable).
2.	Degree(s): Provide degree(s) (e.g., M.D., D.O., foreign M.D. equivalent).
3.	NCI Investigator No.: Provide the unique NCI investigator number assigned to the investigator by the Pharmaceutical
	Management Branch (PMB), CTEP, DCTD, NCI at the time of initial registration. (If an investigator has never registered
	to participate in NCI-sponsored clinical trials, leave field blank. An NCI Investigator No. will be assigned by the PMB
	as part of the registration process.)
4.	Date of Birth: Indicate the investigator's date of birth (in MM/YYYY format).
5.	Provider No. (UPIN): Indicate the investigator's Unique Physician Identification Number (UPIN). <i>This information is optional and is for internal reporting only.</i>
6.	Medical License: Indicate if the investigator is currently licensed to practice medicine.
7.	Primary Specialty Practice(s): Indicate the investigator's primary specialty practice(s).
7.	Board Eligibile: Indicate if the investigator is eligible for Board Certification in the primary specialty practice selected.
	Board Certified: Indicate if the investigator is engine for board Certified in the primary specialty practice selected. Board Certified: Indicate if the investigator is Board Certified in the primary specialty practice selected.
8.	Investigator Training: Indicate if the investigator has completed the NIH-mandated training in the protection of human
0.	research subjects, including date completed (in MM/YYYY format). If needed, additional information and online training are
	available at http://ohsr.od.nih.gov/cbt/ . The online training takes approximately one hour to complete. <i>Completion of</i>
	human research subjects protection training is mandatory for ALL NCI-registered investigators.
9.	Office Address: The office address will be used for receipt of all official correspondence (e.g., annual registration and
	protocol documents). Include institution, internal office, street, city, state/province, zip/postal code, and country.
	Office Phone No.: Provide daytime phone number at which the investigator can be reached during normal business hours,
	including area code. Investigators from outside the United States should also include the country code.
	Office Fax No.: Provide Fax number at which the investigator usually receives faxes, including area code. Investigators from
	outside the United States should also include the country code.
	Office E-mail Address: Provide E-mail address at which the investigator usually receives e-mail. This address will be used
10	to send information regarding protocols and general information for the investigator.
10.	Primary Shipping Address: The primary shipping address will be used for receipt of all CTEP-supplied investigational
	agents. Include institution, internal office, street, city, state/province, zip/postal code, and country.
	Shipping Designee: Provide name of shipping designee (preferably a pharmacist) approved to order and receive CTEP-supplied investigational agents. <i>Note that a "Clinical Drug Request (CDR) Form" for a CTEP-supplied investigational</i>
	agent must be signed by either the investigator, the authorized shipping designee (from item #10), or an ordering
	designee (from item #11).
	Shipping Designee Phone No.: Provide daytime phone number at which the shipping designee can be reached during
	normal business hours, including area code. Shipping designees from outside the United States should also include the
	country code.
	Shipping Designee Fax No.: Provide Fax number at which the shipping designee usually receives faxes, including area
	code. Shipping designees from outside the United States should also include the country code.
	Shipping Designee E-mail Address: Provide E-mail address at which the shipping designee usually receives e-mail. This
	address will be used to send information regarding protocols and general information for shipping designees.
11.	Ordering Designee(s): Provide name(s) of ordering designee(s) approved to order CTEP-supplied investigational agents.
	Note that a "Clinical Drug Request (CDR) Form" for a CTEP-supplied investigational agent must be signed by either
	the investigator, the authorized shipping designee (from item #10), or an ordering designee (from item #11). An
	ordering designee must use the primary shipping address (from item #10).
	Ordering Designee Phone No.: Provide daytime phone number at which the ordering designee can be reached during
	normal business hours, including area code. Ordering designees from outside the United States should also include the
	country code.
	Ordering Designee Fax No.: Provide Fax number at which the ordering designee usually receives faxes, including area
	code. Ordering designees from outside the United States should also include the country code.
	Ordering Designee E-mail Address: Provide E-mail address at which the ordering designee usually receives e-mail. This
	address will be used to send information regarding protocols and general information for ordering designees.